

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155469</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>08/15/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>SEBO'S NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4410 W 49TH AVE</b> <b>HOBART, IN 46342</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 6/28/13. This visit included the PSR to the Investigation of Complaint IN00126416 completed on 6/28/13.</p> <p>This visit was in conjunction with the PSR to the Investigation of Complaint IN00131636 completed on 6/28/13.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00131696 and IN00132589.</p> <p>Complaint IN00126416-Corrected</p> <p>Survey dates: August 13, 14, and 15, 2013</p> <p>Facility number: 000366 Provider number: 155469 AIM number: 100288900</p> <p>Survey team: Lara Richards, RN-TC Heather Tuttle, RN (8/14 &amp; 8/15/13) Cynthia "Cyndy" Stramel, RN Yolanda Love, RN</p> <p>Census bed type: SNF/NF: 127 Total: 127</p> <p>Census payor type: Medicare: 18 Medicaid: 100 Other: 9 Total: 127</p>	{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1  Sebo's Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey and the PSR to the Investigation of Complaint ININ00126416.  Quality review completed on August 18, 2013, by Janelyn Kulik, RN.	{F 000}			